

POSITION	ID NO.	DATE
CLASSIFIER		
EXAMINER	333	7-29-94
TYPIST	26P	8-3-94
VERIFIER	35A	814799
CORPS CORR.		
SPEC. HAND		
FILE MAINT.		
DRAFTING		

## INDEX OF CLAIMS

Claim	Date
Final	
Original	
1	1/24/94
2	2/2/95
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## SYMBOLS

- ✓ Rejected
- = Allowed
- (Through number) Canceled
- + Restricted
- N Non-elected
- I Interference
- A Appeal
- O Objected

Claim	Date
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